

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017166

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4054

FILED APR 25 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis, MissouriLength of stay in lb  
24 hours2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louisc. CITY  
OR  
TOWN St. LouisInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Incarnate Word HospitalInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
4647 FrankfortReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
DonaldMiddle  
EdwardLast  
Prose4. DATE  
OF  
DEATHMonth  
AprilDay  
17Year  
19625. SEX  
M6. COLOR OR RACE  
W7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
3-11-339. AGE (last birthday)  
29IF UNDER 1 YEAR  
Months Days Hours Min.IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Engineer10b. KIND OF BUSINESS OR INDUSTRY  
Electrical Engineering11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Estel C. Prose

## 13b. MOTHER'S MAIDEN NAME

Clara B. Moyers

## 14. NAME OF HUSBAND OR WIFE

Betty Jo Prose15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no16. SOCIAL SECURITY NO.  
[REDACTED]

## 17. INFORMANT

Address

Mrs. Betty Jo Prose 4647 Frankfort18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Corbice Failure (Recurrent)INTERVAL BETWEEN  
ONSET AND DEATH4 hrsConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

① Rheumatic Heart Disease24 yrs

DUE TO (c)

② Nephritis③ Bronchial Pneumonia3 monthsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)4/6 xPART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-4-1944, to 4-17-62 and last saw him alive on 4-17-62Death occurred at 2:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Blavin Prose M.D.

## 22b. ADDRESS

3238 Lafayette St. Mo.

## 22c. DATE SIGNED

4-18-6223a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Removal

## 23b. DATE

4-20-62

## 23c. NAME OF CEMETERY OR CREMATORY

Mount Hope

## 23d. LOCATION (City, town, or county)

St. Louis County, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

HOFFMEISTER COLONIAL MORTUARY SAM

## 25. DATE RECD. BY LOCAL REG.

APR 18 1962

## 26. REGISTRAR'S SIGNATURE

Edna Smith, M.D.USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

Dr. Scott  
3258 Lafayette  
PR. 1-0064

9/21/2

4:30 PM

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John D. Denney

Licensed Embalmer No. 4194

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.